

MAR 14 2006

510 (K) SUBMISSION  
BTI Interna Dental Implant System

k05 3355

## Attachment 5

### 510 (K) SUMMARY

#### SAFETY AND EFFECTIVENESS INFORMATION

##### BTI INTERNA DENTAL IMPLANT SYSTEM

<b>SUBMITTER'S NAME.</b>	B.T.I. Biotechnology Institute, S.L.
<b>ADDRESS AND TELEPHONE</b>	Parque Tecnológico de Álava
<b>NUMBER:</b>	Leonardo da Vinci, 14 B
	Miñano (Álava)
	01510 Spain
	PH: +34 945 297030
	FAX: +34 945 297031
<b>CONTACT PERSON</b>	Alfredo Gómez Mengod
	Quality Assurance Manager
<b>SUMARY PREPARATION</b>	November 2005
<b>DATE:</b>	
<b>ESTABLISHMENT</b>	3004417597
<b>REGISTRATION No:</b>	
<b>PROPRIETARY NAME:</b>	BTI INTERNA DENTAL
	IMPLANT SYSTEM
<b>COMMON NAME:</b>	Dental implant
<b>CLASSIFICATION NAME:</b>	IMPLANT, ENDOSSEOUS,
	ROOT-FORM
<b>PRODUCT CODE:</b>	
DZE	

**510 (K) SUBMISSION**  
**BTI Interna Dental Implant System**

**DEVICE CLASSIFICATION:**  
Class II

**PREDICATE DEVICE**

The BTI Interna Dental Implant System is claimed to be substantially equivalent in material, design, and function to the BTI Dental Implant System cleared by FDA under 510 (k) K022258 on Sep 11, 2003

**DEVICE DESCRIPTION**

The BTI Interna Dental Implant System is designed to server as support for prosthetic devices to restore chewing function. The implants have a surgical diameter range of from 3.3 to 4.0 mm for the universal platform implant. 4.0 for Universal Plus Platform and 4.5 to 5.0 mm for wide platform. Lengths range from 7,0 to 18,0 mm.

**INTENDED USE**

Dental implant system comprising endosseous titanium implants and prosthetic elements to be attached to the implants, as well as auxiliary elements for surgical and prosthetic procedures.

The intended use of the system is the restoration of missing teeth in partially or fully edentulous patients and/or the fixation of overdentures to restore or enhance the chewing capacity of patients.

**SUBSTANTIAL EQUIVALENCE**

The BTI Interna Dental Implant System is considered to be substantially equivalent to BTI Dental Implant System

**CONCLUSION**

The BTI Interna Dental Implant System is considered to be substantially equivalent in design, material and function to the BTI Dental Implant System.



MAR 14 2006

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Mr. Alfredo Gómez Mengod  
Quality Assurance Manager  
B.T.I. Biotechnology Institute, S.L.  
Parque Tecnológico de Álava  
Leonardo da Vinci, 14 B  
Miñano (Álava), 01510 Spain

Re: K053355

Trade/Device Name: BTI Interna Dental Implant System

Regulation Number: 872.3640

Regulation Name: Endosseous Dental Implant

Regulatory Class: II

Product Code: DZE

Dated: February 16, 2006

Received: February 21, 2006



Dear Mr. Mengod:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Chiu Lin", with a stylized flourish at the end.

Chiu Lin, Ph.D.

Director

Division of Anesthesiology, General Hospital,

Infection Control and Dental Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

## Attachment 2

### Indications for Use

510(k) Number (if known): **K053355**

Device Name: BTI Interna Dental Implant System

Indications For Use:

Dental implant system comprising endosseous titanium implants and prosthetic elements to be attached to the implants, as well as auxiliary elements for surgical and prosthetic procedures.

The intended use of the system is the restoration of missing teeth in partially or fully edentulous patients and/or the fixation of overdentures to restore or enhance the chewing capacity of patients.

Prescription Use ☒  
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use \_\_\_\_\_  
(21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)



Medical Director, General Hospital,  
Medical Devices

K053355